

FEC
FORM 1

STATEMENT OF
ORGANIZATION

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1. NAME OF
COMMITTEE (in full)

☐

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

THOMAS TARANTELLA CAMPAIGN COMMITTEE

ADDRESS (number and street)

2038 DELAWARE AVENUE

☐

(Check if address
is changed)

RENOVO

PA

17764

1237

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

tom@thomastarantella.com

☐

(Check if address
is changed)

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.thomastarantella.com

☐

(Check if address
is changed)

2. DATE

10th ' 10th ' 2013^y

3. FEC IDENTIFICATION NUMBER

C

4. IS THIS STATEMENT

☒

NEW (N)

OR

☐

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

THOMAS TARANTELLA

Signature of Treasurer

Thomas E. Tarantella

Date

10th ' 10th ' 2013^y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2009)

5. TYPE OF COMMITTEE

Candidate Committee:

- (a) ☒ This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

THOMAS TARANTELLA

Candidate
Party Affiliation

DEM

Office
Sought:

House



Senate



President

State

PA

District

05

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of
Candidate**Party Committee:**

- (d) ☐ This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) ☐ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
- | | | |
|--|--|---|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Corporation w/o Capital Stock | <input type="checkbox"/> Labor Organization |
| <input type="checkbox"/> Membership Organization | <input type="checkbox"/> Trade Association | <input type="checkbox"/> Cooperative |
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- (f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- ☐ In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

- | | | |
|----|----------------------|-----------------|
| 1. | <input type="text"/> | FEC ID number C |
| 2. | <input type="text"/> | FEC ID number C |
| 3. | <input type="text"/> | FEC ID number C |
| 4. | <input type="text"/> | FEC ID number C |

13031133866

Write or Type Committee Name

THOMAS TARANTELLA CAMPAIGN COMMITTEE

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Mailing Address

CITY

STATE

ZIP CODE

Relationship: ☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

ANN TARANTELLA

Mailing Address

2038 DELAWARE AVENUE

RENOVO

PA

17764

1237

Title or Position

CITY

STATE

ZIP CODE

CUSTODIAN OF RECORDS

Telephone number

570

923

0209

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name
of Treasurer

THOMAS TARANTELLA

Mailing Address

2038 DELAWARE AVENUE

RENOVO

PA

17764

1237

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

570

923

0209

Full Name of
Designated
Agent

KEITH CONLY

Mailing Address

2038 DELAWARE AVENUE

RENOVO

CITY

PA

STATE

17764

ZIP CODE

- 1237

Title or Position

ASSISTANT TREASURER

Telephone number

570

- 923

- 0209

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

SOVEREIGN / SANTANDER BANK

Mailing Address

364 ERIE AVENUE

RENOVO

CITY

PA

STATE

17764

ZIP CODE

- 1237

Name of Bank, Depository, etc.

PAYPAL

Mailing Address

2211 NORTH FIRST STREET

SAN JOSE

CITY

CA

STATE

95131

ZIP CODE

- 2021

13031133869

THOMAS EDWARD TARANTELLA
2038 DELAWARE AVENUE
RENOVO, PA 17764

HARRISBURG PA 171

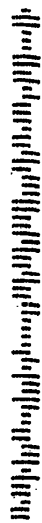
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999 E Street, N.W.,
Washington, DC 20463.

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Federal Election Commission
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<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked


PREPARER
(8/2013)

10/28/13
DATE PREPARED

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